LETTERS TO THE EDITOR

Letters intended for publication should be a maximum of 400 words and 10 references and should be sent to Simon Chapman, deputy editor, at the address given on the inside front cover. Those responding to articles or correspondence published in the journal should be received within six weeks of publication.

Cigarette smoking among asthmatic patients in Finland

To the Editor – Cigarette smoking is postulated to be one of the factors which lowers the threshold for reflex bronchoconstriction among asthmatics.[1] Environmental tobacco smoke (ETS) exposure is a cause of new cases of asthma and exacerbates asthmatic symptoms in children with asthma.[2] Active smoking increases the risk for several cancers as well as for certain cardiovascular diseases. On the other hand, a previous Finnish study suggested that smoking is not a strong risk factor for asthma.[3] In spite of this even a small increase in the risk implies that a relatively large number of asthma cases could be prevented by reducing smoking.[4] In a recent study of 78000 asthmatic patients there was a significant excess risk of lung cancer in both sexes.[5]

It has been reported earlier that smoking patterns among asthmatic patients do not differ from those of the general population.[3] Thus there is good reason for asthmatic patients to give up smoking. In order to get a closer view of the subject, we investigated smoking prevalence among asthmatics in comparison with the prevalence among non-asthmatics in two nationwide health interview surveys in 1976 and 1987. In these studies, samples representing the total non-institutionalised population were interviewed by local nurses. Chronic morbidity was assessed with the same open-ended question in both of the studies.

Table. The proportion (%) of cigarette smokers among adult asthmatic patients and non-asthmatic adults in Finland in 1976 and 1987, by age and sex. Age-adjusted rates in parentheses.

Age (years)	1976		1987	
	Asthmatics (n = 341)	*Others (n = 16072)*	*Asthmatics (n = 314)*	*Others (n = 12822)*
Males				
Total	33 (36)	37 (37)	25 (28)	30 (30)
15–34	29	39	24	32
35–64	35	37	26	31
⩾ 65	31	25	24	15
Females				
Total	10 (14)	16 (16)	15 (16)	17 (17)
15–34	15	24	28	23
35–64	9	13	11	17
⩾ 65	8	2	14	5

Statistical significance of the differences between asthmatics and non-asthmatic adults (age-adjusted significance in parentheses) (NS = not significant)
Males: 1976; NS (NS); 1987: NS (NS)
Females: 1976; $0.001 < p < 0.01$ (NS); 1987: NS (NS).

Smoking status was determined by inquiring whether the respondents were current or former smokers, or life-time non-smokers. The results show that smoking was somewhat less frequent among asthmatic patients in comparison with the non-asthmatic adult population both in 1976 and 1987, but after standardisation by age the statistical significance of the differences disappeared (table). Smoking was more common among males than among females, but it became slightly more prevalent among female asthmatic patients between the study years. On the other hand, smoking was less common among both asthmatic and non-asthmatic males in 1987 than in 1976.

There still seems to be a need for doctors treating asthma to inquire about smoking among their patients and to advise them to stop. Doctors also need to provide assistance to their patients in stopping smoking, or to refer them to health care providers who can offer such assistance.

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1 Hogg JC. Airway pathology in asthma. In: PJ Barnes, IW Rodger, NC Thomson, eds. *Asthma. Basic mechanism and clinical management*. London: Academic Press; 1992, pp. 33–9.
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3 Vesterinen E, Kaprio J, Koskenvuo M. Prospective study of asthma in relation to smoking habits among 14,729 adults. *Thorax* 1988; **43**: 534–9.
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5 Vesterinen E, Pukkala E, Timonen T, Aromaa A. Cancer incidence in asthma. An epidemiological study of 78,000 asthmatic ients. *Int J Epidemiol* 1993; **6**: 976–82.